

# **HUMAN SERVICES GRANT *REQUEST FOR PROPOSAL***

**FISCAL YEAR 2011**



**City of Memphis, Tennessee  
A C Wharton, Jr., Mayor**

**Prepared by  
The City of Memphis  
Office of Youth Services and Community Affairs**

## SCOPE OF SERVICES

Mayor A C Wharton, Jr., and the City of Memphis, through its Office of Youth Services & Community Affairs, is requesting proposals for the 2011 Human Services Grant. The grant period will cover services rendered November 1, 2010 through June 30, 2011.

The City of Memphis seeks to fund programs that serve low-to-moderate income families and address vital human/social service needs in the following areas:

1. **Children & Youth**
2. **Seniors & People with Disabilities**
3. **Rehabilitation (substance abuse, homelessness and prisoner re-entry programs)**
4. **Environmental (including conserving, preserving and sustaining the environment through reducing waste, recycling, gardening, creative reuse and environmental blight).**

## PURPOSE

The purpose of this Request for Proposals is to solicit applications/proposals from established, qualified, non-profit organizations. The population served must reside within the city limits of the City of Memphis. **Grant funds are for the 2011 fiscal year with a program start date beginning November 1, 2010, and ending June 30, 2011.**

## ORGANIZATION ELIGIBILITY

Organizations applying for funding ***MUST*** be currently tax-exempt under Section 501 (c) 3 of the Internal Revenue Code, and status should represent a time of at least one year prior to submission of grant application. All organizations must provide proof of the organization's State Charter, Bylaws, and an active volunteer board. **The organization's office(s) and City funded project must be located within the city limits of Memphis, Tennessee.**

## **REQUEST FOR PROPOSAL INSTRUCTIONS**

The Human Services Grant Request For Proposal must contain all four parts listed below, along with the required attachments and other information relevant to the project/program. All information must be typed. (See Program Narrative instructions)

### **Part I. – Application:**

Please answer each question on the application; failure to complete this form may jeopardize consideration for this grant. There should be no blanks on the application. The application must be signed by the head of the organization and the chairman of the board in blue ink. Signatures must be original. (No electronic signatures, franks, or photocopied signatures will be accepted)

### **Part II. – Project/Program Narrative:**

Please give a brief background description of agency, list the proposed problem to be addressed, and explain how the problem will be addressed. Describe the target population, list the goals, objectives and expected outcomes of the project/program. If best practice methods are utilized please explain how. This is a competitive process so make sure that you clearly state how this project/program will meet this critical community need. Make sure that you select the Human Services Grant category that best fits your project or program.

### **Part III. – Budget Narrative:**


Human Services Grant awards will range from \$10,000 to \$25,000 dollars. Please give a detailed description of how the funds will be used for this specific project/program. If applicable please include in your narrative how other funding will support this project/program. Make sure that there is continuity between the budget narrative and the project/program narrative. Please complete the detailed line item project/program budget, and attach your overall organization budget

### **Part IV. – Attachments:**

Please attach the required eligibility documents, letters of support, and the overall organizational budget

**Please submit seven completed packets of the Request For Proposal.**

## PART I – APPLICATION

	<b>Office of Youth Services and Community Affairs</b>  <b>FY 2011 Human Services Grant Application</b>	<b>Date Received (OYSCA use only)</b>
		<b>Application # (or bar Code)</b>
<b>1. Applicant (name, address, phone#)</b>  	<b>2. Implementing Agency (name, address, phone #)</b>  	<b>3. Program Category (check one)</b>  <input type="checkbox"/> Children and Youth  <input type="checkbox"/> Seniors & People with Disabilities  <input type="checkbox"/> Rehabilitation  <input type="checkbox"/> Environmental
<b>4. Head of Applying Agency (name/title)</b>	<b>5. Project Director (name, address, phone)</b>	<b>6. Applicant's Federal ID #</b>
<b>7. Project Title</b>		
<b>8. Brief Project Summary: (Do not attach additional pages)</b>          		
<b>9. Total number of People to be served: _____</b>		
<b>10. Total # of employees in implementing Agency</b> a. Does your agency have an EEO Plan? ____Yes ____ No b. Does your Agency have written policies and procedures for employees? ____ Yes ____ No		
<b>11. Total Project Cost: \$_____</b> <b>12. Total Grant Request: \$_____</b>		
<b>Proposed Project Dates:</b> _____ to _____ Start Date                      Close Date <b>Note: Dates must be within November 1, 2010 and June 30, 2011 grant period</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           _____            Executive Director Signature and Date         </div> <div style="width: 45%;">           _____            Board Chairman Signature and Date         </div> </div>		

## **PART II: PROJECT/PROGRAM NARRATIVE**

*(Please include a Table of Content with corresponding numbered pages for your proposal)*

**Questions 1-8 should not exceed three pages combined - using no less than 11pt type  
(Times New Roman or Courier fonts)**

1. **Organizational Background:** Describe the services your organization has provided over the past two years that directly relate to the category for which you are applying.
2. **Statement of Need:** Describe the community need that your project is addressing (include geographic and demographic scope that is verifiable).
3. **Goals and Objectives:** Outline the specific goals and the measurable objectives for each goal that your project will seek to achieve with HSG funds
4. **Method:** Detail how your project will meet the aforementioned goals and objectives operationally. Be specific and thorough. Include an explanation of why your project has chosen this method versus any alternatives.
5. **Credentials:** Detail who will perform the duties of your project, their credentials and background, and the reasoning for why he or she was selected. All resumes must be supplied in an Appendix
6. **Evaluation:** (Two parts) describe the specific outcomes anticipated for your project and the plan to ensure that all goals and objectives are supported to ensure the delivery of the outcomes. (Outcomes Part 1, Evaluation Plan Part 2)
7. **Timeline:** Provide a timeline that illustrates the deliverables and milestones of your project
8. **Dissemination:** Above and beyond the quarterly and annual report that is required, how will you communicate the achievements and outcomes of your project?

**Question 9 should not exceed one page, using no less than 11pt type**

9. **Budget Narrative:** Provide a narrative that specifically details how HSG funds will be spent. Make sure that there is continuity between the Budget Narrative and the Project/Program Narrative.

### PART III: DETAILED LINE ITEM PROJECT/PROGRAM BUDGET

Agency Name \_\_\_\_\_

Project Name \_\_\_\_\_

Funding Period November 1, 2010 to June 30, 2011

Budget Category	Brief Description/Lists	Requested 2011 Funds	Approved Amount
Salaries			
Employee Taxes & Benefits			
Professional Fees*			
Contracted Services			
Supplies & Subscriptions (Itemize by Type)			
Communications			
Local Transportation			
Training			
Other			
Client Services (Please List			
Dues/memberships			
Totals			

**\*PLEASE NOTE: The following items are not eligible for reimbursement as program expenses:**

1. Capital Purchases, land, buildings, major equipment, vehicles, etc.
2. Construction Projects or general maintenance and improvement
3. Insurance and Bonds
4. General Office equipment

**PART III: PROJECT/PROGRAM BUDGET INFORMATION *continued***

<b>Other Project/ Program Revenue</b>	<b>Actual 2009 Budget</b>	<b>Actual 2010 Budget</b>	<b>Projected 2011 Budget</b>
Fund Raising Revenue			
Government Grants & Contracts			
Non- Government Grants & Contracts			
Miscellaneous			
<b>TOTAL REVENUES</b>			

**PART IV: ATTACHMENTS**

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**REQUEST FOR PROPOSAL CHECKLIST**





Human Services

Please make sure the following Items are attached?	Yes	No	If no, please provide explanation
<b>Part I</b> <b>Application</b>			
<b>Part II</b> <b>Project /Program Narrative</b>			
<b>Part III</b> <b>Budget Narrative and Budget Sheets</b>			
<b>Part IV</b> <b>Additional Attachments</b> <b>Resumes, Job Descriptions, Overall Agency Budget and all required eligibility documents</b>			
<b>Table of Contents</b> <b>(lists all attachments as an Appendix including any letters of support)</b>			

***ALL PROPOSALS MUST BE RECEIVED BY***

***5:00 p.m. Monday September 13, 2010***

***FOR MORE INFORMATION,  
PLEASE CONTACT***

***Nashid Madyun via email at [Nashid.madyun@memphistn.gov](mailto:Nashid.madyun@memphistn.gov)***

***901-636-6264***